



# BHD

MILWAUKEE COUNTY  
Behavioral  
Health  
Division

myAvatar™

*Tips and Tricks*

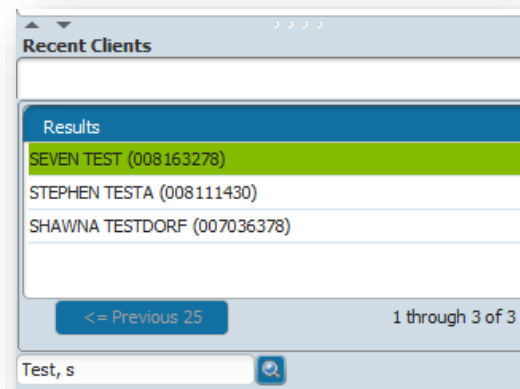


## Recovery Plan of Care-Outpatient

### Recovery Plan of Care Outpatient

1. In Avatar, search for and double click to select client.
2. Once name is in "Recent Clients" section:
  - a. Double click to open client's chart.

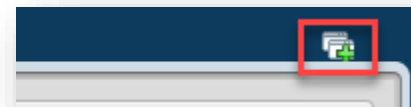
These steps are the same to complete the "BHD Crisis Plan".



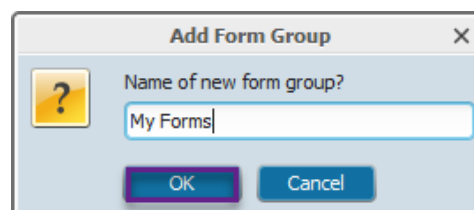
3. Once the Client chart is open and **IF NECESSARY**:
  - a. In the client's chart view, click on the double white folder icon next to the red X icon.



- b. Add a new section for the forms you use most.



- c. Create a new folder that will house most of the forms you use, unless they are located under a different section.



- d. Under My Forms click on the green plus sign and search for the form “Recovery Plan of Care Outpatient”; double click on the name.

The 'My Forms' window displays a search bar with the text 'Recovery'. Below the search bar is a table with two columns: 'Name' and 'Application'. The table lists five forms, all with 'Avatar CWS' as the application. The 'Recovery Plan of Care Outpatient' form is highlighted with a red arrow.

Name	Application
Individual Recovery Plan	Avatar CWS
Observation Recovery/Care Plan for Nursing	Avatar CWS
Recovery Plan of Care Day Treatment	Avatar CWS
Recovery Plan of Care Inpatient	Avatar CWS
Recovery Plan of Care Outpatient	Avatar CWS

- e. Click “Submit” at the bottom of the screen. This will only need to be done one time and will show up across clients.

The bottom of the screen shows two buttons: 'Submit' and 'Cancel'. The 'Submit' button is highlighted with a red box.

If client does not have a diagnosis selected, see  
Add Diagnosis Process Flow

#### Process Flow:


4. Open Recovery Plan of Care Outpatient.
5. Make sure to select the correct episode.
  - a. Select OK

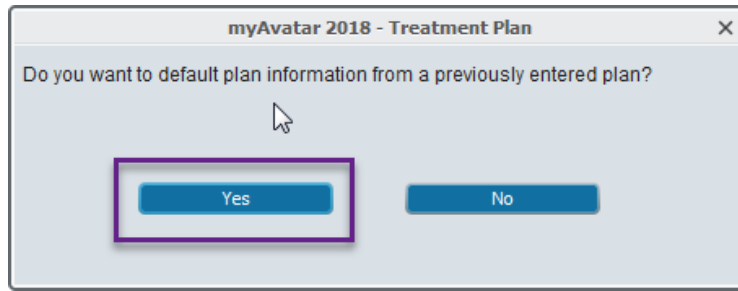
The 'Recovery Plan of Care Outpatient' form displays patient information: Name: HERMIONE GRANGER, ID: 8164748, Sex: Female, Date of Birth: 09/01/1979. Below this is a table with two columns: 'Episode' and 'Program'. The 'Episode' column has the value '1' and the 'Program' column has the value 'La Causa-TCM'.

Episode	Program
1	La Causa-TCM

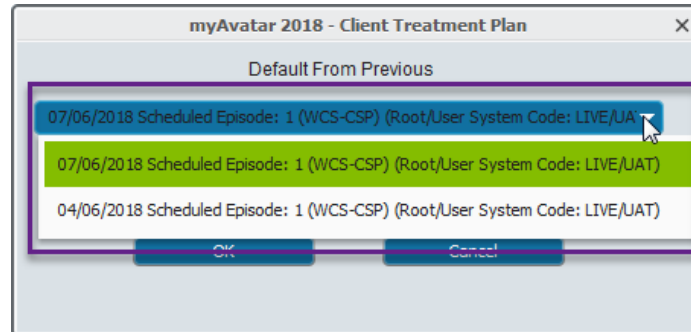
6. When starting a new plan, select ‘Add’.

The bottom of the screen shows three buttons: 'Add', 'Edit', and 'Cancel'. The 'Add' button is highlighted with a purple box.

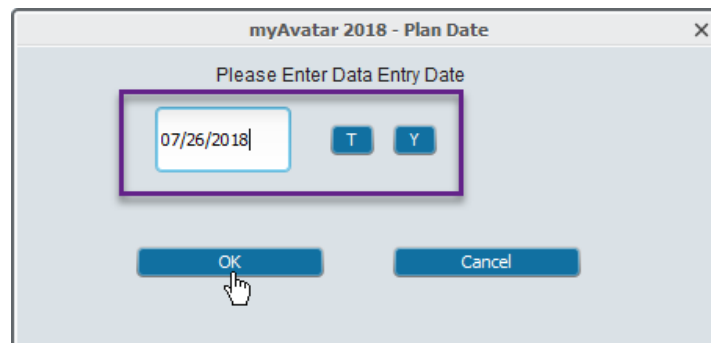
 Note – You may be asked to ‘Pull information’ forward. The following Pop-Ups may happen if you choose YES:



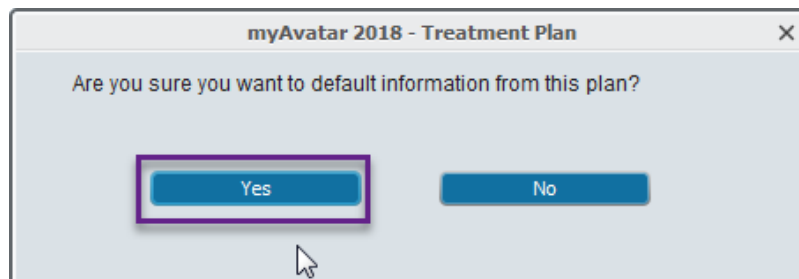
Choose the episode that you would like to pull the information forward from:



Enter the Data Entry date:



Select yes if you are sure that you want to pull the information forward:



## 7. Recovery Plan of Care - Outpatient:

Please ensure that your department guidelines are being followed when completing this Recovery Plan of Care



**This is mandatory** – This means that the item is highlighted red and must be filled prior to being submitted.

This is **not** mandatory – This means that the item is not red, or required before submitting, but may be required by your department.

- Data Entry Date: This is the date that you start the data entry of the form. This will usually be 'Today's Date'. **This is mandatory** (TIP – cannot be changed once submitted).
- Plan Start Date: The date IRP "should" start. **This is mandatory**
- Next Review Date: Set for 5 months after the Plan Start Date. **This is mandatory**
- Plan End Date: Set for 6 months after the Plan Start Date. **This is mandatory**
- Plan Type: choices are Scheduled or Update. **This is mandatory** Choose Scheduled for your scheduled (3, 6, 12 month) Recovery Plan. When you choose Update, you will change the date of the Plan Start Date, but leave the Next Review Date and Plan End Date the same.
- Last Updated By: this will be filled in electronically after you "submit" the plan, naming the last person who opened this plan.
- Last Updated: the date that the last person listed opened the form.
- Treatment Plan Status: Should be Draft while edits are occurring. Electronic signatures cannot be obtained until the Status is listed as Final. **This is mandatory**

## 8. Concerns:

- a. For any concern listed, you will need to decide if that particular concern should be included in this plan. If yes, check the box, *Include in this plan?* If no, leave it unchecked. For every concern you check, it will appear when the plan is launched. This means that you must have at least one goal, objective, intervention for each concern included in the plan.
- b. The Problem list can come from three places:
  - i. When you complete the diagnosis form, on the bottom click yes under *Add to Problem List* – See Add Diagnosis Process Flow.
  - ii. When you complete the Problem List form.
  - iii. When you add New Row, double click on the empty box and type in a diagnosis or problem. When you type something in, it will give you a code/description. You can also just type '*specify other*' when the problem is not a diagnosis then type in the *other* text box.

Code	Description
Other	Specify Other
USER-101	(USER-101) Hx of Alcohol and other drug abuse
USER-110286006	(USER-110286006) Self-Abuse
USER-113	(USER-113) Defensive
USER-114	(USER-114) Disoriented to Person

- If you type *specify other*, in (9b), then use this text box to type a description of the concern or problem.

- c. Type: primary or secondary. This is **not** mandatory.
- d. Date Identified: the date that the concern was identified. This is **not** mandatory.
- e. Date of onset: the date of diagnosis or when the concern started. If the date of onset is unknown, use the episode admission date. **This is a mandatory field.**
- f. Time of onset: This is **not** a mandatory field.
- g. Status: allows you to monitor consumer's concerns. **This is a mandatory field**
- h. New Row: to create a new row for additional concerns.

- i. Delete Row: allows you to delete a row.
- j. Use this bar to scroll over and you will find more columns, as shown below.

Type	Date Identified	Date of Onset	Time Of Onset	Status	Severity	Chronicity	Date Resolved	Action	Comment	System Notes
	04/06/2018			Active (A) ...						

New Row Delete Row

- k. Severity: This field is **not** mandatory.
- l. Chronicity: This field is **not** mandatory.
- m. Date Resolved: the date the concern is identified as being resolved. If you add a date here, then the Status should be resolved.
- n. Action: For all active concerns, the Action should be treating. This could be an explanation of why the concern is not included in this plan. This is **not** a mandatory field.
- o. Comment: a text box to type whatever you please in this box. This is **not** mandatory.
- p. System Notes: This is **not** mandatory.
- q. Problem Information: the link takes you to a site that explains the diagnosis. This is **not** mandatory.

#### 9. Plan Participants:

- a. Role: This closely reflects job title. **This is a mandatory field.**
- b. Staff ID: Depending on which role you chose, this field will either be required, or not. If you choose a role above that refers to a person who has access to Avatar, then this field will be **mandatory**. When you start typing a name, (press tab) the provider's name will appear for you to choose it. If you've chosen a role that does not have access to Avatar, then you cannot type in this field. \*(Ext) will jump to Participant name.
- c. Participant Name: Will pre-populate if Staff ID was entered. If you were not able to choose a Staff ID, then you will need to type the participant name in the text box.
- d. Plan Author: There can only be one Plan Author. The Plan Author should be the person typing out the RPOC. **This is a mandatory field.**
- e. Notification: refers to members of the team with access to Avatar to review this plan when the next review date comes up. **This is a mandatory field.**

Role	Staff ID	Participant Name	Plan Author	Notification
1				

- f. Attended Plan Conference: This will be a yes for every person on your participant list.
- g. Signature: All non-Avatar users will sign using the electronic signature pad.
  - a. Members of team will electronically approve, but only after the plan has been designated as final.
- h. Declined to Sign: Only check this box on the consumers row and only if the consumer declined to sign.

- i. Signed on Paper: Last resort option if signature pad is not working. If used, it will then need to be scanned into Avatar.
- j. Delete Row: allows you to remove a plan participant.

Attended Plan Conference ?	Signature	Declined to Sign	Signed On Paper
	Sign		

**10. Client Input:** Fill in all appropriate fields.

▼ CLIENT INPUT

Strengths💡

**Strengths** can be identified as skills, characteristics, attributes, interests, cultural influences, experiences, activities, environmental factors, natural supports, previous successful strategies that lend to success in life and are valued by the consumer. Strengths can be self-identified or identified by others

Barriers💡

**Barriers/Needs** may include the consumer's symptoms, behaviors, functional skill deficits, and resource needs that have a negative impact on a consumer achieving their life vision. What are a consumer's challenges/needs because of their mental health and/or drug use? They can be self-identified or identified by other team members

Discharge Planning💡

**Discharge Planning** is an interdisciplinary person-centered process which involves the team of formal and informal supports of the individual (including people important in the individual's life). It is the initiating, coordinating and facilitating actions that occur to execute the discharge plan based on the person's needs and ongoing assessments throughout a person's inpatient stay and after discharge or discharge from an

Life Vision💡

**Life's Vision** is the consumer's personal long-term goal. It is an aspirational statement about what the consumer wants to achieve, and their personal vision of how they want their life to look. This life vision should guide the development of the recovery plan of care. The vision should be written in the person's language

Discharge Criteria💡

**Discharge Criteria** are the agreed upon requirements established by the individual and their treatment team to facilitate a safe and successful discharge from the hospital, outpatient treatment program or other community based program. Discharge criteria are integrated into the discharge plan; based on the needs identified through assessment and evaluation

- a. Launch Plan: selecting this button will bring you to the concern/goal/objective/intervention section of the Recovery Plan of Care.

Launch Plan

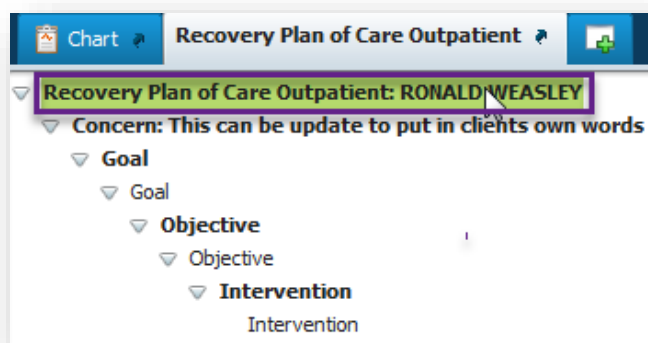
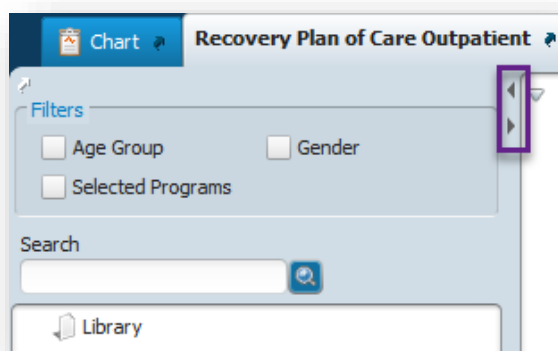
- b. Date the service planning process was explained to the consumer and, if appropriate, a legal representative or family member.
  - i. **This is a CCS requirement.** The date listed here will have a case note to further explain. For TCM, this could meet Targeted Case Management medicaid handbook's requirement of documentation that the consumer has participated in the development of the the plan. The consumer's signature meets the requirement of the consumer agreeing to the treatment and service goals.

Date the service planning process was explained to the consumer and, if appropriate, a legal representative or family member

Today Yesterday

## 11. Launch Plan Page

**\*\*** After you launch the plan, the first thing to do is make the plan window a full screen view. Do this by shrinking the left hand side by clicking on the arrow as designated below.



Concern:

- a. Problem Code: Pre-populates from the Concern list on the Plan Page.
- b. Date of Onset: Pre-populates from the Plan Page.
- c. Concern: Will pre-populates from the Concern list on the Plan Page. Can be update to reflect consumers words
- d. Date Opened (Start Date): should correspond to the first time that you list this particular concern on a Recovery Plan of Care.
- e. Staff Assigning: This prepopulates with the writers name. This is **not** mandatory.
- f. Date Closed: If status is marked Resolved, then enter the date this concern was resolved. If the concern is still active, leave blank.
- g. Predefined: not currently being utilized so this will always be checked as no.



**Problem Code**  
Self-Abuse

**Date of Onset**  
04/06/2018

**Concern**  
This can be update to put in clients own words

**Date Opened**  
04/06/2018

**Staff Assigning**  
REDING,BRANDYTEST (010794)

**Date Closed**

**Predefined**  
☒ No ☐ Yes

- h. Other: grayed out when problem code pre-populates.
- i. Status (Problem List): Pre-populated from the Plan Page.
- j. Status: Active or Resolved: Leave the concern Active until it is completed and then choose Resolved. Once the concern is Resolved, it should not have any active goals/objectives/interventions.
- k. Staff Responsible: This is **not** mandatory.
- l. Date Due: This is **not** mandatory.

**Other**

**Status (Problem List)**  
Active

**Status**  
Active

**Staff Responsible**

**Date Due**

## Goal:

- Goal: Enter the consumer's goal here. **This is mandatory**
- Date Opened (Start Date): The date the goal started. **This is mandatory**
- Status: Active or Resolved: Leave the goal Active until it is completed and then choose Resolved. Once the goal is Resolved, it should not have any active objectives/interventions. **This is mandatory**
- Date Due: This is **not** mandatory.
- Date Closed: If status is marked Resolved, then enter the date this goal was resolved. If the goal is still active, leave blank.
- Staff Assigning: This prepopulates with the writers name. This is **not** mandatory.
- Staff Responsible: This is **not** mandatory.
- Predefined: not currently being utilized so this will always be checked as no.

Goal

Date Opened 04/06/2018

Date Due

Staff Assigning REDING, BRANDYTEST

Predefined ☒ No ☐ Yes

Status Active

Date Closed

Staff Responsible

## Objective:

- Objective: Enter the objective here. **This is mandatory**
- Date Opened: (Start Date): The date that the Objective began. It needs to match the "start date" or "updated date" of the plan. **This is mandatory**
- Status: Active or Resolved: Leave the objective Active until it is completed and then choose Resolved. Once the goal is Resolved, it should not have any interventions. **This is mandatory**
- Staff Assigning: This prepopulates with the writers name. This is **not** mandatory.
- Date Due: Should match the Plan End Date above.
- Date Closed: If is marked Resolved, then enter the date the objective was resolved. If the objective is still active, leave blank.
- Staff Responsible: This is **not** mandatory.

Objective

Date Opened 04/06/2018

Date Due

Staff Assigning REDING, BRANDYTEST

Predefined ☒ No ☐ Yes

Status Active

Date Closed

Staff Responsible

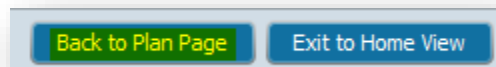
## Intervention:

- a. Intervention: Enter the intervention here. **This is mandatory**
- b. Date Opened (Start Date): The date the intervention started. It needs to match the “start date” or “updated date” of the plan. **This is mandatory**
- c. Staff Assigning: This prepopulates with the writer’s name. This is **not** mandatory.
- d. Staff Responsible: Enter the person who is responsible for the intervention. This is **not** mandatory.
- e. Status: Active or Resolved: Leave the intervention Active until it is completed and then choose Resolved. **This is mandatory**
- f. Responsible Party: This is not mandatory.
- g. Date Closed: If status is marked Resolved, then enter the date this intervention was resolved. If intervention is still active, leave blank.
- h. Predefined: not currently being utilized so this will always be checked as no.
- i. Date Due: Should match the Plan End Date.
- j. Frequency: Check how often you plan to do this intervention. **This is mandatory**
- k. Instances: Elaborates the frequency. **This is mandatory**
- l. Payment Source: This is **not** mandatory.

The screenshot shows a web-based form titled "Intervention". The form is divided into several sections with labels in yellow boxes. The "Intervention" section at the top has a text input field with the placeholder "Intervention|". Below this, the "Date Opened" section has a date picker showing "04/06/2018". The "Staff Assigning" section has a dropdown menu showing "REDING,BRANDYTEST". The "Staff Responsible" section has a text input field. The "Status" section has a dropdown menu showing "Active". The "Responsible Party" section has a dropdown menu. The "Date Closed" section has a date picker. The "Date Due" section has a date picker. The "Predefined" section has two radio buttons: "No" (selected) and "Yes". The "Frequency" section has six radio buttons: "Daily", "Every 12 Months", "Every 3-6 Months", "Every 6 Months", "Monthly" (selected), and "Weekly". The "Instances" section has six radio buttons: "1" (selected), "2", "3", "4", "5", and "6". The "Payment Source" section has three radio buttons: "CCS Funded", "Other", and "T-19".

## 12. Move Plan to Final:

- a. When user has completed the plan, and is satisfied with content:
  - i. Select Back to Plan Page at the bottom of this form.



**RECOVERY PLAN OF CARE OUTPATIENT**

Plan Start Date: 04/06/2018 [T] [Y] [Calendar Icon]

Plan Type: Active [Dropdown Arrow]

Next Review Date: 04/06/2018 [T] [Y] [Calendar Icon]

Last Updated By: BrandyReding IMSD BA

Plan End Date: 04/06/2018 [T] [Y] [Calendar Icon]

Last Updated: 04/06/2018 [T] [Y] [Calendar Icon]

Treatment Plan Status: ☐ Draft ☒ Final

- b. Once back on Plan Page, move document from “Draft” status to Final.
- c. Select submit.
- d. Accept and Route/Notify for supervisor approval.

myAvatar 2018 - Confirm Document

1 of 2 [Navigation Icons] [Zoom: 100%]

Date Created: 04/06/2018 at 02:45 PM  
 Form Name: Recovery Plan of Care Outpatient  
 Client's Name: WEASLEY, RONALD (008164749)  
 Client's DOB: 03/17/1980

Milwaukee County Behavioral Health Div.  
 9455 W Watertown Plank Rd.  
 Milwaukee, WI 53226-3559

**Recovery Plan of Care Outpatient**  
 Plan Start Date: 04/06/2018  
 Plan Type: Active  
 Plan Review Date: 04/06/2018  
 Plan End Date: 04/06/2018  
 Last Updated: 04/06/2018  
 Last Updated By: BrandyReding IMSD BA  
 Treatment Plan Status: Final

**Concern**  
 Problem Code: Self-Abuse

[Accept] [Accept and Route/Notify] [Reject]

Chart [Icon] Recovery Plan

Recovery Plan of Care Ou.  
 RECOVERY PLAN OF CARE ..  
 CONCERNS  
 PLAN PARTICIPANTS  
 CLIENT INPUT

[Submit]

[Icons: Home, Print, Add, Remove, Star]

- e. Verify Password window.
  - i. This is your electronic signature.

Verify Password

Password: [Input Field]

[OK] [Cancel]

- f. Add Supervisor and/or Approver. This will include any Plan participants that you need a signature from who has an Avatar login:

Approver	Final Approver	Notify	Title	Name
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Supervisor	DIANA NORTON (010090)
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Staff	KIRSTIN E JUZENAS (00...

Extra –

#### Add Diagnosis Process Flow –

- This is for when a client's diagnosis is **not** listed in the Concern section.
- Once complete return to step 4.

If client's diagnosis is **not** listed in the Concern section, you will need to navigate to the Diagnosis Form in Avatar and do the following:

	Include in this plan?	Problem	Other	Type
1	<input type="checkbox"/>	Other specified episodic mood disorder (SNOMED-94921000119107)		
2	<input type="checkbox"/>	Depression (SNOMED-35489007)		
3	<input checked="" type="checkbox"/>	Housing lack (SNOMED-266935003)		
4	<input type="checkbox"/>	Unspecified disorder of adult personality and behavior (SNOMED-33449004)		
5	<input type="checkbox"/>	Specify Other (Other)	Interaction ...	

- a. Close Recovery Plan – Select **Red X**.
- b. Go to the Avatar Home Page.

- c. Select client from “Recent Clients” section.

The screenshot shows a software interface with two main panels. On the left, under the heading "Recent Clients", there is a list of client names: "Seven Test (008163278)" and "Cherie B Deja (008003261)". On the right, there is a list of reports under the heading "Diagnosis". The reports include: "History Medical Diagnosis Count Report", "Discharges By Program, Diagnosis, Gender", "Client Charge Input With Diagnosis Entry", "Client Charge Input (Charge Fee Access and D...", "Recurring Client Charge Input (Diagnosis Entry)", "Recurring Client Charge Input (Charge Fee Ac...", "Missing Diagnoses Report", and "Client Ep. History with Diagnosis Report". Each report is associated with "Avatar PM / Client". At the bottom of the right panel, there is a search bar labeled "Diagnosis" and a button "<= Previous 25".

- d. Type 'diagnosis' in the Search Forms box.  
e. Double click on “Diagnosis CWS/Assessment”.  
f. If client had not been selected above - Search for the client (last name first) and double click on the client’s name.  
g. Choose the correct episode if necessary.  
h. Double click on most updated date of diagnosis.

The screenshot shows a close-up of the "Diagnosis" tab in the software. It features a table with one row and one column. The column header is "Date Of Diagnosis" and the cell value is "01/30/2018".

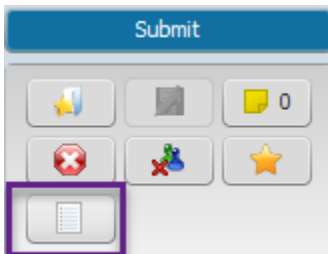
The screenshot shows a "Diagnosis Search" form. It includes a search bar, a "New Row" button, and a "Delete Row" button. Below these are several input fields and buttons: "Status" (Active, Working, Rule-out, Resolved, Void), "Estimated Onset Date" (with a calendar icon), "Resolved Date" (with a calendar icon), "Ranking" (Primary, Secondary, Tertiary), and "Bill Order". At the bottom, there is an "Add To Problem List" section with "Yes" and "No" radio buttons.

- Click on **each** diagnosis listed
- Scroll down to “Add to Problem List” and select Yes
- Hit Submit (this will put the diagnoses into the recovery plan)
- *Note- If Estimated Onset Date pops up, enter in the date of the client’s admission to Program*
- Return to Recovery Plan of Care Process Flow

**New Functionality:** Using a To-Do message while in an open RPOC.

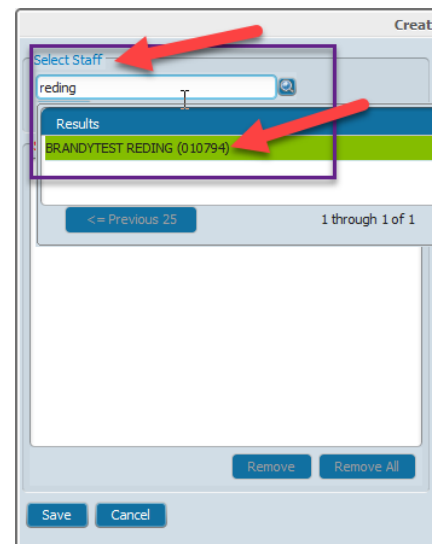
This functionality is to help the end user with the RPOC by reaching out to someone, before submitting to a final status.

It is located under the submit button on the left-hand side of the page.

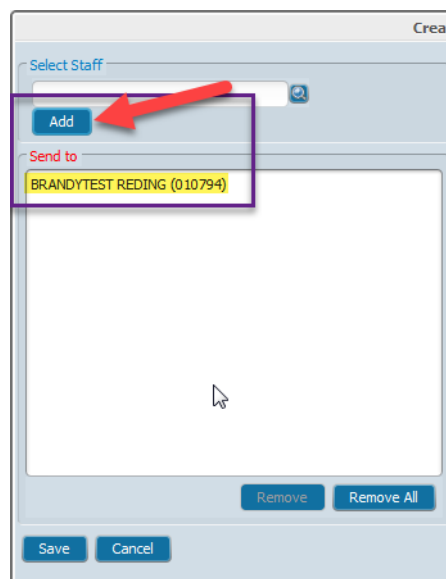


To use it:

1. Click to open new dialogue window:
  - a. Select user to send message to.



2. Add user:



3. Add new message.
4. Click Save.

Create To Do

Select Staff

Add

Select Team

Add

Send to

BRANDYTEST REDING (010794)

Remove Remove All

Note

Would like to discuss intervention # 3 with you.  
When is a good time to meet?

Clear Note

Save Cancel

Message will be sent to the specified user and appear on the ‘My To Do’s’ list.

My To Do's

All (2)

New (2)

Sign (0)

Filter

All

	Client	Action	Form	Sent	Comments	Note-to-Self
	Ronald Weasley	<a href="#">Review To Do Item</a>	<a href="#">Recovery Plan of C</a>	04/13/2018	Draft Recovery Plan of Care Outpatien...	
	Ronald Weasley	<a href="#">Review To Do Item</a>	<a href="#">Recovery Plan of C</a>	04/13/2018	Would like to discuss intervention # 3 ..	